

III B. Agency Capacity

The Office of Maternal and Child Health (OMCH) works to protect and improve the health of people in Washington State with a focus on women, infants, children, adolescents, and families. OMCH programs work in close partnership with state and local agencies and consumers to promote effective health policies and quality systems of care. Maternal and child health (MCH) data are collected, analyzed, and shared with other agencies and organizations to help ensure sound decision-making around health care policies and practices. OMCH program activities emphasize infrastructure-building and population-based activities through preventive health information and educational messages to the public and to health care providers, early identification of health issues, referral and linkage to services, and coordination of services. Programs contract with 35 local health jurisdictions (LHJs) and several community-based organizations, universities and hospitals, direct service providers, family organizations, and other agencies and organizations to address MCH priorities and state and national performance measures.

OMCH is responsible for administering the Title V Block Grant, the Centers for Disease Control and Prevention (CDC) Immunization Grant, and a variety of other federal grants pertinent to MCH priorities and performance measures.

State statutes relevant to the Title V program authority and how they impact the Title V program remain the same as those outlined in pages 8-11 of the 1996 Block Grant Application.

Capacity for better understanding of cultural competence as an office and for staff has improved over the years due to continued participation in the division level Multicultural Workgroup. A number of staff assumed leadership positions in this group and all staff participate in initial and ongoing training.

OMCH addresses health disparities through the OMCH Health Disparities Workgroup. This group was created several years ago to specifically address health disparities in the MCH population. Each OMCH section develops goals and objectives to reduce health disparities for the populations they serve. We are in the process of learning about and incorporating Culturally and Linguistically Appropriate Services (CLAS) created by the Office of Minority Health.

OMCH is comprised of seven separate sections, each with a specific focus. Three sections in OMCH target the major Title V populations: Maternal and Infant Health, Child and Adolescent Health, and Children with Special Health Care Needs. The other sections focus on issues that encompass the entire MCH population: Genetics, CHILD Profile, Immunizations, and MCH Assessment. Following is a brief description of the basic role of each OMCH section. Funding is through a combination of sources including Title V, State General Funds, the CDC, and Title XIX.

//2007// In 2005, the Immunization Program and CHILD Profile sections merged. OMCH is now comprised of six sections plus the Office of the Director, which is called the Administration section. //2007//

Maternal and Infant Health (MIH)

MIH, comprised of 11.20 full time equivalents (FTEs), works to improve birth outcomes by promoting quality health and support services for pregnant and post-partum women and their infants. This work is accomplished through training, education, assessment, and intervention and with a system of regional perinatal care services that include the availability of quality tertiary care for high-risk women and newborns. Other services are provided through a collaborative network of state agencies, LHJs, and non-profit providers. This network provides confidential pregnancy testing (limited) and referral, maternity support services, child development, and parenting information and education. /2007/MIH is comprised of 9.5 FTEs.//2007//

Child and Adolescent Health (CAH)

CAH, with 15 FTEs, works to promote and protect the health and well-being of children, adolescents, and their families in the context of their communities through assessing child and adolescent health status, developing strategies to improve health status, and assuring preventive health services. Through its programs, CAH promotes the use of national guidelines for well child and adolescent screening and referral, family support and leadership, teen pregnancy prevention, youth development, population-based oral health programs, promotion of social emotional well-being and mental health, and child care health consultation.

/2007/ CAH has 12 FTEs. The Oral Health Program recently moved to the Administration section of OMCH to better serve the entire MCH population and work with all OMCH Sections.//2007//

Children's Health Immunization Linkages and Development (CHILD) Profile (CP)

This section includes 5.5 FTEs. The work is twofold: an Immunization Registry and Health Promotion System for parents of young children. These two components assure that parents have information to assist and support them in making health care decisions about their children, providers have access to a repository of data to make immunization decisions, and public health has the information needed to protect the public from vaccine preventable diseases. DOH contracts with Public Health-Seattle King County and the University of Washington (UW) for primary CHILD Profile operations. This program will merge with Immunization Program in the next few months.

/2007/ In 2005, CHILD Profile merged with the Immunization Program to form the Immunization Program CHILD Profile section.//2007//

Children with Special Health Care Needs (CSHCN)

The CSHCN section has a total of 8.0 FTEs. The program promotes integrated systems of care that ensure that children with special health care needs and their families have the opportunity to achieve the healthiest life possible and develop to their fullest potential. CSHCN staff provide leadership in addressing health system issues that affect this population; work with families and other leaders to influence priority setting, planning and policy development; and support community efforts in assessing the health and well-being of children with special health care needs and their families. This work is carried out through partnerships with other state-level agencies and contractual relationships with

LHJs, private and non-profit agencies, the University of Washington, Children's Hospital and Regional Medical Center, other tertiary care centers, and family organizations. These contracts and partnerships significantly extend CSHCN program capacity in the areas of policy development, assessment, provider education, and family leadership development. /2007/CSHCN has 7.2 FTEs.//2007//

Genetic Services

Genetic Services, with 7.0 FTEs, is focused on assuring high quality comprehensive genetic services throughout the state. This section also includes activities aimed at surveillance and intervention for secondary conditions affecting people with disabilities; fetal alcohol syndrome (FAS) prevention; genetics education; technical assistance to the newborn screening program; and promotion of early hearing loss detection, diagnosis, and intervention.

/2007/ Genetic Services has 8.0 FTEs. Activities to prevent FAS have shifted from the Genetic Services section to the Maternal Infant Health section.//2007//

Immunization Program (IP)

This program, with 20.0 FTEs and funding from the CDC and state, is committed to preventing the occurrence and transmission of childhood, adolescent, and adult vaccine-preventable diseases. The program provides leadership for an integrated and comprehensive immunization delivery system and universal vaccine access for all children less than 19 years of age. The IP expands public awareness of the need for immunizations throughout the life span and promotes community education, participation, and partnerships. The program has significant partnerships within the department including the Bioterrorism Prevention program, Communicable Disease and Epidemiology, CHILD Profile, Infectious Disease. Additionally, this program has established partnerships with the Washington Chapter of the American Academy of Pediatrics, the Washington Chapter of the Academy of Family Practice, a Vaccine Advisory Committee of expert physicians, a statewide coalition, and all local health jurisdictions.

/2007/ Immunization Program CHILD Profile (IPCP)

In 2005 the Immunization Program merged with the CHILD Profile program to form the Immunization Program CHILD Profile (IPCP) section. IPCP is comprised of 23.5 FTEs. IPCP is committed to two primary goals: 1) preventing the occurrence and transmission of childhood, adolescent, and adult vaccine-preventable diseases; and 2) ensuring that parents, health care providers, and state and local health agencies are working together to promote healthy families and increase use of preventive health care for children from birth to age six years. The section has created partnerships with the Washington Chapter of the American Academy of Pediatrics, the Washington Chapter of the Academy of Family Practice, a Vaccine Advisory Committee of expert physicians, a statewide coalition, and all local health jurisdictions. IPCP maintains the states' Immunization Registry and coordinates the Health Promotion System for parents of young children.//2007//

MCH Assessment (MCHAS)

This section, with 12.15 FTEs, provides data, analysis, research, surveillance, and consultative support and management of all assessment activities within OMCH. Specific activities include leading the Five Year Needs Assessment process, reporting performance measures and health indicator status data; administering and analyzing Pregnancy Risk Assessment Monitoring System data and developing data reports; collecting and analyzing data from child death reviews, cluster investigations, and birth defects surveillance; and implementing State Systems Development Initiative activities. MCHAS also designs and implements surveys and responds to data requests from OMCH, other programs within the Department of Health, local health jurisdictions, and other external stakeholders.

//2007/ MCHAS has 13.15 FTEs. The increase in FTE is the result of the transfer of contract work to "in-house" staff for assessment activities related to children with special health care needs. An additional FTE is expected to be added in the near future to accommodate additional work related to child and adolescent health.//2007//

OMCH Administration

This section has a total of 4.8 FTEs and provides administrative support to the sections of the Office of Maternal and Child Health by way of policy and fiscal development and oversight.

//2007/OMCH Administration has 6.8 FTEs with the recent move of the Oral Health Program from the CAH Section to the OMCH Administration Section.//2007//